**hope**spring **Application Form**

We ask all prospective workers with children and young people to complete this form. If there is insufficient room to fully answer any question, please continue on a separate sheet. The information will be kept confidentially by **hope**spring, unless requested by an appropriate authority.

**1.** **Position Applied for:**

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|  |

**2. Personal Details:**

|  |  |  |
| --- | --- | --- |
| Title: | Forename(s): | Surname: |
| Any former/known as names: | | |
| Date of Birth: | | |
| Address:  Postcode: | | |
| How long have you lived at the above address? | | |
| Telephone Home:  Telephone Mobile: | | Email: |

**3. Application Questions:**

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| What motivated you to apply for a position at **hope**spring? |

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| What skills/abilities do you feel you would bring to **hope**spring? |

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| Please give details of previous experience of looking after or working with vulnerable young people? This should include any relevant qualifications or appropriate training either paid or voluntary. |

## 4. Employment History

Starting with your most recent job role, please list all previous employment (whether paid or unpaid) providing all of the requested details. Please include periods of unemployment.

|  |  |
| --- | --- |
| Name of Current/Last Employer:  Address: | From: To: |
| Job title: |
| Salary / Grade: |
| Period of Notice: | Reason for leaving: |
| Brief description of responsibilities: | |

**Previous Employment**

|  |  |
| --- | --- |
| Name of Employer:  Address: | From: To: |
| Job title: |
| Salary / Grade: |
| Reason for leaving: | |
| Name of Employer:  Address: | From: To: |
| Job title: |
| Salary / Grade: |
| Reason for leaving: | |
| Name of Employer:  Address: | From: To: |
| Job title: |
| Salary / Grade: |
| Reason for leaving: | |
| Name of Employer:  Address: | From: To: |
| Job title: |
| Salary / Grade: |
| Reason for leaving: | |
|  |  |

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| If there are periods on your employment history where you were not in employment, education or training, please give an explanation here: |

## 5. Qualifications and Training

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| --- | --- | --- | --- | --- |
| **Secondary Education** |  |  |  |  |
| **Name of School/ College** | **From** | **To** | **Qualification** | **Grade** |
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###### Training and Development

Please give details of any qualifications or training that you have received, which support your application. Include any on the job training as well as formal courses.

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| --- | --- | --- | --- |
| **Name of College/ University/Other** | **From** | **To** | **Qualification/Grade obtained** |
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**Professional Memberships/Qualifications**

Please provide details of any professional qualifications and memberships of professional institutes that you hold.

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| --- | --- |
| **Name of Professional Body** | **Qualification/Membership and Date** |
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## 6. Referees

## Please give details of two referees, one of whom must be your current and/or last employer and the other from a previous employer.

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| --- | --- |
| **Referee One: This referee must either be your current or previous employer**  Are we able to approach this referee prior to interview?  Yes No  Name:  Job title:  Email:  Address:        Post Code:  Relationship to you:  Telephone Nr: | **Referee Two:**  Are we able to approach this referee prior to interview?  Yes No  Name:  Job title:  Email:  Address:        Post Code:  Relationship to you:  Telephone Nr: |

**hope**spring may use internet searches, including social media searches to perform pre-employment checks on candidates in the course of recruitment. Where the **hope**spring does this, it will act in accordance with its data protection and equal opportunities obligations.

**Disability**

The Equality Act 2010 protects people with disabilities from unlawful discrimination. To meet the Act’s definition, a person must have a physical or mental impairment, which has substantial long-term effects on their ability to carry out normal day-to-day activities and which has lasted, or is likely to last more than 12 months. Should you be shortlisted for interview we will make adjustments or special arrangements, if required, to facilitate your attendance at the interview.

Do you have a disability you wish us to know about at this stage? Yes No

If yes, please let us know what access requirements you may have

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Please could you complete the attached Self-declaration Form and send it with your completed application to [recruitment@hopespringcharity.org](mailto:recruitment@hopespringcharity.org). You are welcome to discuss any aspects of this procedure with us. Please confirm that you understand and agree to a Disclosure Check should we wish to appoint you to a post involving working with adults and/or children.

I confirm that the submitted information is correct and complete, I understand and agree to the conditions involving a Disclosure Check and I have sent the Self-Declaration Form to the Recruiter.

Signed:

Date: